## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**CLAIMS AS FILED - PART I** 

Application or Docket Number

L1UL3022/EM/6990

1,400		CLAIMS AS	• Column) Column)	1		mn 2\		MALL EN		11/10	OTHER	THAN
TOTAL CLAIMS					(Column 2)		Г	RATE	FEE	OR 1	201.5888 + 5.55 · ·	ENTITY
FOR			0		AU 11 45	AULADED EVEDA		BASIC FEE		· Š	RATE	FEE &
			NUMBER FILED		NUMBER EXTRA		·	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			( O minus 20=		. 0			X\$ 9=		OR	X\$18=	J. J.
INDEPENDENT CLAIMS			) minus 3 =		0			X40=		OR	, X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT		•			+135=		OR	+270=	Second
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	"0" in column 2		TOTAL	355	OR	TOTAL	11.07.5 A.
go z	C	L ALMS AS A	MENDED - PART II					IOIAL	<u>- 3 フラ</u> ロ	Jou	OTHER	TUAN
		(Column 1)		(Colur	**	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
	Total	*	Minus	**		=	٠.	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	23 T 6 1 1 T		¢.:X80=:	- 2018 TOR
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							/	en series es plans	OR		Carlot Control
ing the first of the second of								+135= 1	। क्षा सम्बद्धाः वर्षे स्ट्री	OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	• .		X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740=	***	OR	∧60 <b>=</b>	
								+135=	:	OR	+270=	÷ .
	٠ سير	•						TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
_			(Column 2) (Column 3)									
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	;	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OH		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
**	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE I	s less thar	n 20, enter "20."	, <del>-</del>	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
	ii the Highest Nu The "Highest Num	ımber Previously Pa nber Previously Pai	d For" (Total o	o SPACE i r Independe	s less that ent) is the	n 3, enter "3." highest number		-	ropriate box			